



How did you hear about Acucote? Please check one or more.

___ Referral from Acucote Employee ___ Referral (Other) ___ Staffing Agency
___ Newspaper Ad ___ Sign (If so, where was the sign) ___ Other

Applicant Information

Full Name: ___ Date: ___
Last First M.I.

Address: ___ Apt./Lot/Unit #
Street Address

City State Zip Code

Phone: ___ Email: ___

Date Available: ___ Desired Pay: \$ ___

Position(s) Applying for: ___

Are you authorized to work in the United States? YES ___ NO ___

Days and Hours available for work: ___

Have you ever been employed by Acucote, Inc. YES ___ (Dates ___) NO ___

Education

High School: ___ City, State: ___

Did you graduate or earn GED? YES ___ NO ___

College: ___ City, State: ___

Did you graduate? YES ___ NO ___ If YES Degree ___

Employment History

Company: ___ Phone: ___

Address: ___ Supervisor: ___

Job Title: ___ Starting Pay: ___ Ending Pay: ___

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact the company for a reference? YES _____ NO _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact the company for a reference? YES _____ NO _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact the company for a reference? YES _____ NO _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact the company for a reference? YES _____ NO _____

References

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Other Skill and Experience

Are there any other skills or experience you would like to list? _____

Disclaimer and Signature

The information that I have provided on this application is complete and accurate to the best of my knowledge and subject to validation by Acucote, Inc. I understand that any misleading or incorrect statements or omissions may result in my not being employed or if I am employed, may be cause for immediate dismissal at any time during my employment.

I authorize all persons, schools, employers and other organizations to provide Acucote, Inc. with any relevant information that may be required to arrive at an employment decision. I hereby release these individuals and employers from availability for any damage incurred in furnishing such information.

In processing the employment application, I understand that Acucote, Inc. may request investigative Credit Bureau report, which may include information as to my character and general reputation. Per the Federal Fair Credit Reporting Act, I have the right to make a written request to the credit agency of its disclosure. I may also request, in writing, the company's use of this report.

Employment with Acucote, Inc. is contingent upon the successful completion of a drug-screening test to be administered after an offer of employment is made. Successful completion of the test means that the person tested negative for illegal drugs or substance abuse.

In consideration of my eventual employment with Acucote, Inc. I agree to conform to the rules and regulations of the company. I understand that my employment, compensation and benefits can be terminated, with or without cause, and with or without notice, at any time, at the option of the company; likewise, I am free to resign at any time with or without notice.

I have read and understand the agreement.

Signature: _____

Date: _____

Human Resources contact information: bbrown@acucote.com Email preferred

